

# EXHIBIT 1

# EXHIBIT 1

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:  
PG&E CORPORATION,  
- and -  
PACIFIC GAS AND ELECTRIC  
COMPANY,  
Debtors.

Bankruptcy Case  
No. 19-30088 (DM)  
  
Chapter 11  
(Lead Case)  
(Jointly Administered)

RECEIVED

DEC 09 2019

PRIME CLERK LLC

**Proof of Claim (Wildfire Related - Subrogation Insurers)**

Read the instructions before filling out this form.

This form is for Subrogation Insurers to assert general unsecured claims based on amounts paid or reserved for damages or losses resulting from a wildfire. Do not use this form to assert any other pre-petition claims.

Include the aggregate total estimated amount of all insurance subrogation claims, across all individual policies, held by a single creditor on this Proof of Claim.

Complete Attachment 1, substantially in the form provided, to provide detailed information about each of the individual claims that are included in the aggregate total amounts shown on this Proof of Claim, to the extent the information is maintained in the ordinary course of business. When submitting Attachment 1, please provide definitions or explanations of all defined terms used therein. Attachment 1 must be provided to Prime Clerk no later than 30 days after the Bar Date.

Signing this form constitutes an acknowledgement that you will provide additional support documentation for each individual claim on a confidential and professionals' eyes only basis to counsel for the Debtors, the U.S. Trustee, any Statutory Committee appointed in these cases, and any additional parties the Court directs but only after each such party agrees to keep the information provided confidential, which support documentation shall be kept confidential and not filed with the Court unless under seal or with the express written consent of the undersigned creditor.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571. Fill in all the information about the claim as of January 29, 2019, except where otherwise specified.

**Part 1: Identify the Claim**

[ ] Date Stamped Copy Returned  
[ ] No Self-Addressed Stamped Envelope  
[x] No Copy Provided

1. Is this proof of claim being filed on behalf of one or multiple creditors (i.e., other affiliated insurance companies)?

☒ One creditor  
☐ More than one creditor

2. Who is (are) the current creditor(s)? For more than ten creditors, please attach separate schedule.

Clear Blue Insurance Company

Name of Creditor 1

Name of Creditor 2

Name of Creditor 3

Name of Creditor 4

Name of Creditor 5

Name of Creditor 6

Name of Creditor 7

Name of Creditor 8

Name of Creditor 9

Name of Creditor 10

3. Are the creditor(s) part of one Carrier Group? (See definition of Carrier Group in the attached instructions)

☐ No  
☒ Yes. Identify the group.

Clear Blue Insurance Company

4. Has this subrogation claim been acquired from someone else other than the underlying insured? (See question 10)

☒ No  
☐ Yes. From whom?

<b>5. Where should notices and payments to the Creditor(s) be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor(s) be sent?</b>  Cozen O'Connor c/o Kevin Bush, Esq. and Howard Maycon, Esq. 501 West Broadway, Suite 1610 San Diego, CA 92101  Joshua Sellers Clear Blue Insurance Company 200 South College Street, Suite 2250 Charlotte, NC 28202  Contact phone <u>619-234-1700</u> Contact email <u>kbush@cozen.com/hmaycon@cozen.com</u>	<b>Where should payments to the creditor(s) be sent? (if different)</b>  Cozen O'Connor IOLTA Attorney Trust Account Acct No. 206911141 Routing No. 322271724 Citibank, N.A. San Diego, CA SWIFT Code: CITIUS33  Contact phone <u>980-202-5728</u> Contact email <u>jsellers@cbinsgroup.com</u>
<b>6. Does this claim amend one already filed?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	<b>7. Was a subrogation lawsuit filed pre-petition in connection with this (these) claim(s)?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Please Identify Lawsuit: Case/Docket # _____ Court: _____	

**Part 2: Attorney Information (Optional)**

<b>8. Who represents you in this matter?</b>  You do not need an attorney to file this form	<b>Who represents you in this matter?</b>  <u>Cozen O'Connor</u> <small>Law Firm Name</small> <u>Kevin Bush Esq. and Howard Maycon, Esq.</u> <small>Attorney Name</small> <u>501 West Broadway, Suite 1610</u> <small>Number Street</small> <u>San Diego CA 92101</u> <small>City State ZIP Code</small> Contact phone <u>619-234-1700</u> Contact email <u>kbush@cozen.com/hmaycon@cozen.com</u>
---	---

**Part 3: Give Information About the Claim as of the Date the Case Was Filed**

<b>9. Provide a summary of the underlying claims:</b>  Subrogation insurers must produce a file containing details of the individual claims (paid or reserved) that form the basis of this claim.	<b>Name of Insurer (if different than the creditor listed in question 1):</b> _____  <b>Nature of underlying claim(s) (check all that apply):</b> <input checked="" type="checkbox"/> Structure and Real Property Claims <input checked="" type="checkbox"/> Debris Removal Claims <input checked="" type="checkbox"/> Personal Property Claims <input checked="" type="checkbox"/> Additional Living Expenses, Business Interruption, Loss of Use/Rent Claims <input type="checkbox"/> Automobile (Rental, Loss of Use, Tow, Storage) Claims <input checked="" type="checkbox"/> Other. Describe: <u>additional claims not included above</u>  Total number of insured losses that form the basis of this claim: <u>2</u>  Total aggregate amount of liquidated claims (i.e., payments made to insureds) as of the date hereof: \$ <u>318,212.40</u>  Total aggregate amount of reserved claims as of the date hereof: \$ <u>50,857.76</u>  Total aggregate amount of estimated claims (i.e., claims that have not been paid or reserved but are estimated for relevant wildfire incidents that occurred pre-petition): \$ _____
---	---



10. Provide supporting documentation for any underlying claims that have been assigned, sold or otherwise transferred to the Creditor.

If any of the individual claims that form the basis of this claim have been assigned, sold or otherwise transferred to the Creditor, please provide the following additional information for each individual claim, or such additional information as otherwise agreed to between the Creditor and the Debtors:

1. A copy of the original contract of sale / assignment of contract for the underlying subrogated claim, or any other documentation reflecting a valid assignment of the subrogated rights.
2. A copy of insurer's written notification to insured (pursuant to 10 Cal. Code Regs. § 2695.7(p)) of its election not to directly pursue subrogation or discontinuation of its pursuit of subrogation.
3. A copy of the underlying policy for the subrogated claim.

Due to the voluminous nature of this information and confidentiality concerns, in lieu of attaching this information to their Proof of Claim, Creditors holding assigned claims may agree to provide this information directly to the Debtors on terms acceptable to such Creditors and the Debtors including pursuant to a Non-Disclosure Agreement.

Part 4: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

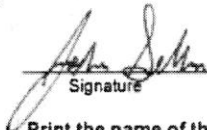
- ☐ I am the creditor.
- ☒ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/05/2019 (mm/dd/yyyy)

  
Signature

Print the name of the person who is completing and signing this claim:

Name	Joshua Sellers		
	First name	Middle name	Last name
Title	Director of Claims		
Company	Clear Blue Insurance Company		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	200 South College Street, Suite 2250		
	Number	Street	
	Charlotte	NC	28202
	City	State	ZIP Code
Contact phone	980-202-5728		Email <u>jsellers@cbinsgroup.com</u>

Supporting documentation was redacted from this proof of claim pursuant to the Bar Date Order (DN 2806). An unredacted version of this proof of claim shall only be provided on a confidential and professionals' eyes only basis to the Debtors, the Committees, the U.S. Trustee, and any additional parties the Court directs but only after each such party agrees to keep the subsequent information confidential, subject to the right of the party submitting such information to be heard with respect to such disclosure.